



## Collaborative Learning Environment Initiative

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In 2009, the Atlantic Advisory Committee for Health Human Resources developed a skills-building initiative to assess innovative approaches to enhancing the 'teaming' skills of health professionals. The initiative, Collaborative Learning Environment for Health Professionals (CLE) includes demonstration, research, and evaluation components. It is supported by funding from Health Canada through the Health Care Policy Contribution Fund.

The initiative supports the definition of collaboration developed by Health Canada:

*"Collaborative patient-centred practice is designed to promote the active participation of each discipline in providing quality patient care. It enhances patient and family-centred goals and values, provides mechanisms for continuous communication among care givers, optimizes staff participation in clinical decision making (within and across some data missing some disciplines), and fosters respect for the contributions of all disciplines."*

CLE is expected to be of considerable significance to the implementation of team-based delivery of health services in all participating jurisdictions. As defined in the literature, there are long-term outcomes of implementing team-based care at the patient level (improved access to services), at the provider level (enhanced work life satisfaction), as well as at the system level (greater efficiencies, and better recruitment and retention).

The learning from this initiative will be pertinent to organizations interested in enhancing the skills of their staff to deliver team-based health services.

The deliverables from this initiative include expertise in interprofessional collaboration for post-licensure teams, interprofessional education and change management strategies. Specific outputs include transferable learning models, strategies and tools that promote high

quality care by optimizing the knowledge and skills needed for working collaboratively in delivering health services.

At this point, CLE is being delivered in three sites: in Antigonish, Nova Scotia with a primary care perinatal clinic that included Midwives, Obstetricians, Nurses, Social Workers, Public Health nurses, Dieticians; CLE has expanded to include two community-based programs in New Brunswick. Each project site participates in data collection activities which include providing contextual information, participating in surveys and interviews. This data is used to identify challenges and supports for the introduction and implementation of interprofessional education activities for post-licensure practitioners and to contribute to the identification of effective strategies for supporting ongoing interprofessional skills development.

The experience at these sites supports findings described in the literature in regard to enabling factors for delivering collaborative or team-based care:

- Presence of an executive who champions collaboration and team-based delivery of services;
- Presence of manager /coordinator of IP team
- Institutional policies, including administrative and records processes, that promote and support collaboration;
- Availability of physical space to support interaction among team members and/or team activities

It is hoped that a fourth site can be implemented in Newfoundland and Labrador over the next seven months. Below are the activities and timelines envisaged for a new site.

Proposed Activities for CLE site in Newfoundland and Labrador

CLE Component	NL Needs Analysis and Possible Activities based on Previous CLE Experience	Projected Outputs	Projected Outcomes
Interprofessional Education	<ol style="list-style-type: none"> <li>1. Analysis of IP competency level and team learning needs.</li> <li>2. Analysis of current policy to identify need for facilitation of policy development with the IP Team.</li> <li>3. Focused IP activities based on team analysis activities.</li> </ol>	<ol style="list-style-type: none"> <li>1. Learning activities that promote IPC and address team identified needs.</li> <li>2. An IP Policy that addresses an issue identified by the team.</li> <li>3. Continued identification of enablers and barriers to IPC.</li> </ol>	Self-report of increased IP Competencies and enhanced seamless IP Collaboration in the team.
Knowledge Transfer/ Communication	<ol style="list-style-type: none"> <li>1. Government Advisory Committee.</li> <li>2. AD-Hoc Communications with Stakeholders.</li> </ol>	<ol style="list-style-type: none"> <li>1. 3-4 meetings across 2 provinces.  Update quarterly reports sent to 4 provinces.</li> <li>2. Participate in development/production of an Information video, 7-10 min. in length showcasing the 4 components for IP CLE ay NL site.</li> </ol>	Increased knowledge of the barriers and enablers to developing post-licensure IP teams.
Clinical Services	<ol style="list-style-type: none"> <li>1. Moving toward Shared - care Scheduling.</li> <li>2. Exploring common Charting tools.</li> </ol>	<ol style="list-style-type: none"> <li>1. A schedule that improves rotation of clients/patients through an IP team.</li> <li>2. Decision pathways to consistent clinical care.</li> </ol>	Full trust, communication and seamless patient care with high levels of both patient and practitioner satisfaction with the model.
Change Management	<ol style="list-style-type: none"> <li>1. Analyse needs for change management intervention base on CREW process. (Includes pre and post-test).</li> </ol>	<ol style="list-style-type: none"> <li>1. Post-test reveals improved ability of team to cope with shared identified conflict and stress</li> </ol>	IP teams will be able to quickly identify and manage conflicts and challenges in a trusting, timely and civil manner.

	<ol style="list-style-type: none"> <li>2. On-site support to help with the ongoing facilitation of the CLE activities.</li> </ol>	<ol style="list-style-type: none"> <li>2. Teams create ongoing mechanisms to continue working on team identified issues post project funding.</li> </ol>	
Process Evaluation	<ol style="list-style-type: none"> <li>1. Collection of contextual data.</li> <li>2. Patient and Practitioner satisfaction survey</li> <li>3. Cross-project / survey</li> <li>4. Collection of Data including phone interviews -4 times</li> <li>5. Analyse and Final Report</li> </ol>	<ol style="list-style-type: none"> <li>1. Outcomes measured and reported to Government Advisory Committees, CLE sites, Health Canada and shown on video.</li> </ol>	Indicators and measures for future IP teams.

## Timelines for CLE site in Newfoundland and Labrador

July 2011	Confirm participation
August	Identification of champion Needs assessments Appointment of site coordinator for CLE project Presage data collection
September/October/ November/December/January	Learning Activities Data collection Participation in CLE teleconferences
February 2012	Evaluation of impacts of learning on skills Discussion of evaluation findings with NL site executive
March 2012	Participation in discussion of CLE final report with NL Government advisory board